

## Levitaz Customer Claim Survey

Customer name:

Postal address

Date of claim: (day/month/year)

Date of purchase of the Levitaz product: (day/month/year)  
(Please enclose copy of proof of purchase)

Product No. of the Levitaz product(s):

Please describe in your words your claim:

Please attach adequate pictures, which identify the reported claim  
(pictures with detailed view on the occurred claim and picture with total view on the product)

Notice:

After first review all purchased items of the involved claim have to be sent back to levitaz office for further investigation. Required enclosures: copy of proof of purchase, adequate pictures of occurred claim.